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Bib Data Sheet

CONFIRMATION NO. 3454

SERIAL NUMBER 10/791,455	FILING DATE 03/02/2004  RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 17504
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## APPLICANTS

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\* CONTINUING DATA \*\*\*\*\**PS*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\**PS*\*\*\*\*\*

JAPAN 2003-060155 03/06/2003

F REQUIRED, FOREIGN FILING LICENSE GRANTED

\* 05/20/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>PS</i>				

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## TITLE

A HERMETICALLY SEALED ENDOSCOPE IMAGE PICK-UP DEVICE

FILING FEE  RECEIVED 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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